

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #812598

1. Entity Name

PHOENIX HOME LIFE MUTUAL INSURANCE COMPANY

Principal Place of Business

Mailing Address

ONE AMERICAN ROW
ATTN CORPORATE TAX DEPT
HARTFORD CT 06115

ONE AMERICAN ROW
ATTN CORPORATE TAX DEPT
HARTFORD CT 06115-2521

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-0493340

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	EV	<input type="checkbox"/> Delete
NAME	YOUNG, DONA D	
STREET ADDRESS	89 WOODFORD HILLS DR	
CITY-ST-ZIP	AVON CT	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	FREDRICK, SAWYER W	
STREET ADDRESS	8 SACHEN DR	
CITY-ST-ZIP	GLASTONBURY CT 06033	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	MCLOUGHLIN, PHILIP	
STREET ADDRESS	39 JOSHUA DR	
CITY-ST-ZIP	W SIMSBURY CT	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOOTH, RICHARD H	
STREET ADDRESS	60 HIGH RIDGE RD.	
CITY-ST-ZIP	S. GLASTONBURY CT	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	SEARFOSS, DAVID W	
STREET ADDRESS	3 STRATFORD RD	
CITY-ST-ZIP	FARMINGTON CT	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FIONDELLA, ROBERT W	
STREET ADDRESS	29 SUMMERBERRY CIR	
CITY-ST-ZIP	BRISTOL CT	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Sec VP / Treasurer
Raymond E. Cummings
Thayer Road
Higganum, CT

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David W. Searfoss **DAVID W. SEARFOSS** 1/13/00 (860) 403-5947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90117 035 ***150.00

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DO NOT WRITE IN THIS SPACE